

# From Stress to Strength

## Instructions

The following index asks you to evaluate your current perceptions of you life, family, work, and community. After reading each category statement, circle the number that most accurately reflects either your attitude or action.

Number 1 represents the most stressful response, and number 9 represents the least stressful response. Mark only one response per item. If a particular question does not pertain to you mark it NA (not applicable). If you feel neutral about the category, circle the number 5

The results will be most accurate if you answer quickly and honestly with the first gut-level response that comes to mind.

Many self-assessment tests are filled with tangential questions that are designed to corral a problem into a particular interpretation.

The QLI is *not* such a test! It asks you to respond quickly and honestly for your own information. Of the thousands of people we have tested in this manner, we have reached a greater than 90 percent accuracy, as assessed by personal interviews.

### 1. GAME PLAN FOR CAREER/WORK

Often does not meet expectations								Usually meets expectations
1	2	3	4	5	6	7	8	9

### 2. GAME PLAN FOR PERSONAL LONG-TER/SHOR-TERM ASPIRATIONS AND DEVELOPMENTS

Have not reached many goals; often feel unsuccessful							Have reached many goals; usually fell successful
1	2	3	4	5	6	7	8 9

### 3. HEALTH

Often ill							Usually well
1	2	3	4	5	6	7	8 9

### 4. PRIMARY RELATIONSHIP

(spouse, companion, significant other) Not going well.							Going well
1	2	3	4	5	6	7	8 9

### 5. TIME SPENT WITH MY PRIMARY RELATIONSHIP (away from home, alone, and nonbusiness)

Rare. (less than one per year)							Frequent. (six or more per year)
1	2	3	4	5	6	7	8 9

### 6. RELATIONSHIP(S) WITH CHILD(REN)

Unrewarding.							Rewarding
1	2	3	4	5	6	7	8 9

### 7. RELATIONSHIP(S) WITH PARENTS

Unrewarding							Rewarding
1	2	3	4	5	6	7	8 9

### 8. RELATIONSHIPS AT WORK

Fraught with discord							Usually harmonious
1	2	3	4	5	6	7	8 9

### 9. SOCIAL RELATIONSHIPS WITH FRIENDS, NEIGHBORS, GROUPS, AND OTHERS

Nonexistent. I feel distant.							Strong. I feel close.
1	2	3	4	5	6	7	8 9

### 10. RELIGIOUS AND SPIRITUAL SUPPORT

Not relevant							Essential
1	2	3	4	5	6	7	8 9

### 11. SOURCE OF APPROVAL/VALIDATION

External-people pleaser							Internal-self-assured
1	2	3	4	5	6	7	8 9

## 12. PETS

Problematic

1 2 3 4 5 6 7 8 9

Either satisfying or I don't need them

## 13. HOBBIES/OUTSIDE INTERESTS

Unsatisfactory or nonexistent

1 2 3 4 5 6 7 8 9

Satisfactory

## 14. TIME MANAGEMENT/CIRCUIT OVERLOAD

Never enough hours in the day

1 2 3 4 5 6 7 8 9

Time well paced.

## 15. NEIGHBORHOOD

Unpleasant and dangerous

1 2 3 4 5 6 7 8 9

Comfortable and safe

## 16. THE TELEPHONE

Often hampers my effectiveness

1 2 3 4 5 6 7 8 9

Not a problem

## 17. COMMUTING/BUSINESS TRAVEL

Burdensome

1 2 3 4 5 6 7 8 9

Reasonably pleasant

## 18. PHYSICAL WORK ENVIRONMENT

Noisy, hazardous, a nightmare

1 2 3 4 5 6 7 8 9

Safe and pleasant.

## 19. FINANCES

Out of control.

1 2 3 4 5 6 7 8 9

Manageable

## 20. MAJOR LIFE CRISES IN PAST SIX MONTHS

One or more devastating crises

1 2 3 4 5 6 7 8 9

Smooth sailing

## 21. RELAXATION/MEDITATION

Not helpful

1 2 3 4 5 6 7 8 9

Beneficial

## 22. CAREER/JOB MATCH

Mismatch.

1 2 3 4 5 6 7 8 9

Good match

## 23. HUMOR/PLAY/FUN

Who has time?

1 2 3 4 5 6 7 8 9

The staff of life.

## 24. INTERPERSONAL COMMUNICATION

I tend to talk more  
than I listen

1 2 3 4 5 6 7 8 9

I tend to listen  
more than I talk.

## 25. EXERCISE

Couch potato

1 2 3 4 5 6 7 8 9

Irregular.

Regular

## 26. SLEEP

Often a problem

1 2 3 4 5 6 7 8 9

Rarely a problem

## 27. BODY WEIGHT

A problem

Not a problem

1 2 3 4 5 6 7 8 9

## 28. ALCOHOL CONSUMPTION

More than eight ounces per day

Two ounces per day  
(two beers, two glasses of wine) or less.

1 2 3 4 5 6 7 8 9

## 29. CAFFEINATED BEVERAGES (coffee, tea, cola)

More than five per day

Three per day

None

1 2 3 4 5 6 7 8 9

## 30. TOBACCO

Ten or more cigarettes

Never smoked or have not  
Smoked for three or more years.

Per day

1 2 3 4 5 6 7 8 9

## 31. DEGREE OF CONTROL

I am invisibly entrapped

I have adequate options

1 2 3 4 5 6 7 8 9

## 32. DECISION-MAKING

Can't make decisions easily

Make most decisions easily

1 2 3 4 5 6 7 8 9

## 33. PERFECTIONISM

Things should always

I do the best that I can

Be done right

1 2 3 4 5 6 7 8 9

## 34. TENDENCY TOWARD OPTIMISM/PESSIMISM

Whatever can go  
wrong, will

Most things work out

1 2 3 4 5 6 7 8 9

## 35. FEELINGS OF GUILT AND/OR SHAME

Frequently.

Infrequently

1 2 3 4 5 6 7 8 9

## 36. ASSERTIVENESS

I rarely say what I think

I usually say what I think

1 2 3 4 5 6 7 8 9

## 37. ADAPTABILITY/FLEXIBILITY-PERSONAL/PROFESSIONAL

It's hard to change a plan

It's easy to change a plan

1 2 3 4 5 6 7 8 9

## 38. ANGER

I am often angry

I take most things in stride

1 2 3 4 5 6 7 8 9

## 39. SELF-ESTEEM

Often I feel unsure  
about myself

I feel good about  
who I am

1 2 3 4 5 6 7 8 9

## 40. VALUES AND PRINCIPLES BY WHICH I LIVE

Not always clear.

Very clear

Changeable.

Stable

1 2 3 4 5 6 7 8 9

## PRELIMINARY INTERPRETATION

When you have responded to the list of 40 Categories and feel that the scores represent our current perception of life, transfer the scores to the graph provided on page 105.

1. For each category, place a dot on the grid indicated the number (from 1 to 9) that you chose. Note that there is a separate line for NA's.
2. Now draw a line connecting the dots. You will probably see a zigzag patten like the one shown on the completed graph on page 146.
3. Next, compute an average score by adding all your scores and dividing the total by the number of categories you marked NA.
4. Now draw a straight line across the Quality of Life grid at the point of the average of your scores. For example, if you average is 6, draw a straight line from one 6 to the other.

This average is useful in tow ways. First, the dots above the average line represent your strengths and your perception of the degree of your strengths. The scores below the average line represents you

## Quality of Life Index Summary Report

Name \_\_\_\_\_

Date \_\_\_\_\_

[illegible]

Total Points Possible \_\_\_\_\_ Total Score \_\_\_\_\_ %